

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**Samuel CabreraPlaintiff,

(In the space above enter the full name(s) of the plaintiff(s).)

13 4676

- against -

Mayor Michael Nutter,
Police Commissioner Charles
Bansey, Detective
William Sera, and
Detective John Doe
ex, al, etc.
defendants,

COMPLAINTunder the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: Yes No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I: Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Samuel Cabrera
ID # 1124069
Current Institution C.F.C.F. County Prison
Address 7901 State Road
Phila, Pa. 19136

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Michael Nutter Shield # _____
 Where Currently Employed Mayor of Philadelphia
 Address City Hall
Phila, Pa. 19107

Defendant No. 2

Name Police Commissioner Ramsey Shield # _____
 Where Currently Employed 8th + Race Head Quarters
 Address 8th + Race
Phila, Pa. 19107

Defendant No. 3

Name Detective William Sierra Shield # _____
 Where Currently Employed 8th + Race Head Quarters
 Address 8th + Race
Phila, Pa. 19107

Defendant No. 4

Name Detective John Doe Shield # _____
 Where Currently Employed 8th + Race Head Quarters
 Address 8th + Race
Phila, Pa. 19107

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? At the Police District.
- B. Where in the institution did the events giving rise to your claim(s) occur? Within the detective's interrogation room.
- C. What date and approximate time did the events giving rise to your claim(s) occur? _____

What
happened
to you?

Who
did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

D. Facts: On the date of 4/10/2013, at or around 8:30 pm the detectives had picked me and my wife up at Days Inn, and took us down to the Round House (Phila., Police Head Quarters). In which we were taken in for questioning. Detective William Sera had called me into the interrogation room for questioning. When I answered his questions, he then called me a fucking liar. I then asked for an attorney, and he then stated back; "you don't need a lawyer for what you did. So what you need a lawyer for," along with a host of other antagonizing statements. His partner John Doe then came in and stated that you will stay in this room until you tell us the truth, and if not we will arrest your wife, and her grandmother. After I stated that they had no probable cause to arrest us, because we did nothing wrong. Detective

See Attached on
Pg. 3 b for Facts
continued:

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Head injuries, bruised ribs, coughing up of blood.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

John Doe, then slammed my head into the table. Which then caused much pain to my forehead. Detective John Doe then asked why did I do it, pertaining to the murder at hand. I then stated back, that I didn't do it, it was someone else. He then stated, "you're lying you fucking lying scumbag. Both Detectives then started punching me in my sides, up until I started to cough up blood. A lot of blood. I got scared so I then told them that I did it. Also I told them that I had Dyslexia, and that I wanted a lawyer present for a second time. They then stated that I didn't need an attorney. They made me act out what I allegedly did on tape, they made me sign a lot of paperwork, in which I had no knowledge of what I was signing. The next day I then started coughing up blood again. There was blood all over my clothes, and Detective William Sera, told everyone at the district that I'd bit my lip. So they then had two cops take me to Jefferson Hospital. In which I was seen by a doctor, and I was given an (MRI), and the doctor said that my ribs were bruised up pretty

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

At the Philadelphia
round house.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? I wrote a formal letter of complaint to the Phila. Internal Affairs.
2. What was the result, if any? They never complied back.
3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: There
is no grievance procedure here
for the claims at hand.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: I did make
claims to the doctor who'd
diagnosed me at Jefferson
Hospital on 4/12/13.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Plaintiff wish to
sue all defendants in their individual
and official capacities of \$1.5 million

dollars for punitive damages, nominal damages, and compensatory damages. Again all defendants each mentioned in their individual and official capacity.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On
these
claims

Yes No

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A
5. Approximate date of filing lawsuit N/A
6. Is the case still pending? Yes No N/A
If NO, give the approximate date of disposition N/A
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes No ✓

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A
Defendants N/A

2. Court (if federal court, name the district; if state court, name the county) N/A
3. Docket or Index number N/A
4. Name of Judge assigned to your case N/A
5. Approximate date of filing lawsuit N/A
6. Is the case still pending? Yes No N/A
If NO, give the approximate date of disposition N/A
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8 day of August, 2013. *

Signature of Plaintiff Barry C. C.

Inmate Number 1124069

Institution Address Samuel Cabrera
1124069
7901 State Rd.
Phila, Pa. 19136

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8 day of August, 20 13, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff:  X